

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/914305

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2			1			
3				1		
4					1	
5						1
6					1	
7						1
8						
9						1
10						
11					1	
12						1
13						1
14						1
15						1
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17				1		
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48						
49						
50						
TOTAL IND.			11	16		
TOTAL DEP.						
TOTAL CLAIMS		21				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS